



Provider Billing Manual

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Missouri First Steps Early Intervention

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Provider Billing Manual

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INTRODUCTION

The Department of Elementary and Secondary Education (DESE) is the Missouri lead agency responsible for ensuring the provision of early intervention services (Missouri First Steps) to eligible infants and toddlers with disabilities, birth to 36 months, and their families consistent with the requirements of Part C of the Individuals with Disabilities Education Act (IDEA). The Central Finance Office (CFO) is the financial system for payment of all early intervention services. The CFO is connected through a child data system to a network of System Points of Entry (SPOE) throughout the state. The SPOE is responsible for entering child data a number of times during the referral, eligibility, and Individual Family Service Plan (IFSP) process. This data will generate service authorizations from the CFO.

COVANSYS Software Services, Inc.:

In 2001, COVANSYS formed a working partnership with First Steps to implement an automated software system to capture the data for Part C of the Individuals with Disabilities Education Act (IDEA). First Steps also facilitates the coordination of payment for services from federal, state, local and private resources. The System Point of Entry software application enables the system to capture information related to program eligibility determination, IFSP services, and provider authorizations for children served in First Steps. The Central Finance Office (CFO) facilitates functions that determine appropriate payment for providers and creates reimbursement for providers. The CFO is housed at COVANSYS Operations Center located in Lenexa, KS.

Provider Enrollment in the Central Finance Office:

As a provider, you will need to first be enrolled with the Central Finance Office (CFO) by completing the enrollment process. After all enrollment forms are completed, mail them to COVANSYS Provider Enrollment (PE) unit at:

CENTRAL FINANCE OFFICE
C/O COVANSYS Software Services, Formerly known as PDA, Software Services
PO Box 29134
Shawnee Mission, KS 66201-9134

Covansys can be contacted at 1-866-711-2573 (select Option 2) or by e-mail at mofsenroll@pdainc.com.

Central Finance Office:

The Central Finance Office (CFO) design includes paying all providers from an interim-funding source based on submission of claims. The CFO then seeks reimbursement from an appropriate payment source such as state general revenue funds, Medicaid, Part C federal funds, Title V and private insurance.

The Central Finance Office at COVANSYS can be contacted at 1-866-711-2573 (select Option 1).

Claims should be mailed to:

CENTRAL FINANCE OFFICE
C/O COVANSYS Software Services, Formerly known as PDA, Software Services
PO Box 29134
Shawnee Mission, KS 66201-9134

SERVICE AUTHORIZATION

Service Authorizations are initiated through the System Point of Entry (SPOE) based on receipt of a source document. The system relies on prompt receipt of source documents from service coordinators. These sources include:

- An Individualized Family Service Plan (IFSP)
- An Authorization Form – Evaluation/Assessment/Teaming; or
- An IFSP Review Documentation Worksheet accompanied by a revised IFSP

Upon receipt of a source document the SPOE promptly enters the information into the electronic system, which captures sufficient information to generate authorizations for services. Daily, or when information warrants, the SPOE connects electronically to the CFO and transfers information triggering the CFO to print and mail an authorization to the enrolled service provider.

Once received by the CFO, service authorizations are printed and mailed daily and should be received by the service provider within 5 to 7 days. Authorizations are mailed to the site address identified on the Provider Information Form submitted as part of provider enrollment. Authorizations printed on any given day are batch mailed together for each site and are sent to the attention of a clinician within the batch.

Problems with missing authorizations could occur for any of the following reasons:

- Provider not updating CFO of address changes
- Provider has not completed the provider enrollment process
- Internal mail routing problems within a provider organization
- Problems or delays in SPOE transmissions of authorized data to the CFO

If you have not received expected authorizations, please check your organization's internal mail routing first, then please contact the SPOE to begin the verification process.

Authorizations are a reflection of the services identified on an Individualized Family Service Plan (IFSP). All service providers/practitioners should have a copy of the IFSP as they begin services for a child and family. Authorizations will follow and should match the services specified on the IFSP including the start and end dates of service, frequency, intensity, location and method. Authorization start dates will be consistent with the start date identified on the IFSP even if mailed/or processed after service has started.

Authorizations that are inconsistent with the IFSP should be discussed with the on-going service coordinator immediately. The child's ongoing service coordinator is identified on the IFSP and the authorization. Practitioners should pay close attention to the end dates of the IFSP and authorization and should not extend services beyond the end dates if no new IFSP or authorization has been received.

Sample Authorization Forms are included at the end of this document and include:

- Service Authorization/Billing (Service)
- Service Authorization/Billing (On-going service coordination)
- Service Authorization/Billing (Discontinuation Notice)
- Sample Check
- Explanation of Provider Payment
- Explanation of Benefits

BILLING INSTRUCTIONS

The Central Finance Office (CFO) will pay all early intervention services authorized through the System Point of Entry (SPOE). The CFO will pay the claim, determine the appropriate funding source, and seek reimbursement from that funding source. **Providers are not to bill Medicaid, Insurance, Department of Health and Senior Services (DHSS), Department of Mental Health (DMH) or any other source for early intervention services authorized through the SPOE/CFO.**

CFO Standard Timelines/Deadlines

Claims Processing Turnaround:

Claims are processed and checks mailed not less than 30 and not more than 45 days from the date the claim is received.

Stale Checks:

Checks are void if not cashed within 6 months.

Claim Filing Deadline:

Claims must be submitted within 60 calendar days of the date of service.

Claim Resubmission Filing Deadline:

Previously submitted and rejected claims must be resubmitted within 180 days of the date of service.

Claim Resubmission (Incorrect Authorization) Filing Deadline:

Previously submitted and rejected claims can be resubmitted only after a corrected authorization is issued and must be resubmitted within 60 calendar days of the issue date of the corrected authorization.

Claim Overpayment Automated Refund Deadline:

In cases of overpayment, **providers will not refund payments manually through submission of checks.** The adjustments will be entered on the system against individual claims and the system will deduct the amount of overpayment on subsequent claim(s) payments processed. In cases of underpayments, adjustments will be entered on the system against individual claims and the system will augment the amount of the underpayment on the next claim payments processed.

Automated Payment Adjustments/Offsets

CFO has a system of automated claims adjustments/offsets to address providers for overpayments and /or underpayments caused by various improper/erroneous billing procedures. When errors are discovered, adjustments will be entered on the system after receipt of proper documentation from providers.

BILLING OPTIONS

Providers may choose from 3 billing options:

- Using the Authorization form as the billing form
- HCFA-1500 form
- Electronic filing

Bills must be received within 60 calendar days of service delivery. Timely billing to the Central Finance Office is essential to your reimbursement.

Option I - Service Authorization/Billing Form

Choosing this billing option provides the most reliable billing choice since most of the critical information to process a claim is preprinted on the form. To date this has proven to be a highly effective billing choice that results in minimal rejections. Completed samples are provided in this document.

Date of service should be in the mm/dd/yy format (04/01/02.) For service coordination only, the date on the claim form should be the last day of the month or the last day of the authorization whichever occurs first.

Procedure Code is either the code listed in the authorization section or a HCPCS code used in the Medicaid billing system.

Charges must reflect the total charges for that service encounter. For example, if your charges for speech therapy services in a special purpose center are \$16.00 per 15-minute increment, please put \$64 for charges for 60 minutes. Services must be in accordance with the provider's usual and customary charges. Payments will be the provider's usual and customary charge or the First Steps maximum rate whichever is less.

Bill the actual time delivered in minutes. The system will round down to the nearest 15-minute increment.

The intensity should be referenced in minutes not in units. This column will be blank for service coordination.

The Patient account number is an optional field and is used at the provider's discretion. If included, this information will be provided back to you on the Explanation of Provider Payment for ease in linking back to your accounts receivable system.

Total charges should reflect the sum of line items on the claim. If the two do not match, the individual line items will take precedence.

A provider's signature must be included. The signature may be that of an administrative official within the organization who has the authority to sign on behalf of the individual practitioner. A certification statement provided later in this document may be completed allowing providers/payees to submit claims noting signature is on file.

The date the claim was filed must be after the latest date entered in the billing section of the claim.

Mail completed claims to:

CENTRAL FINANCE OFFICE
C/O COVANSYS Software Services, Formerly known as PDA, Software Services
PO Box 29134
Shawnee Mission, KS 66201-9134
866-711-2573 Option 1

Option 2. Billing Instructions for HCFA 1500

Field/Number - Narrative Description

- 1) Insured's I.D. Number: This field should include the client ID # from the authorization received. While not a required field, this information may be helpful particularly if other items do not match.
- 2) Patient's Name: Please use the child's name from the authorization document.
- 3) Patients Birth Date/Sex: Enter the patient's birth date in a MM/DD/YY format, and enter a check mark in the appropriate sex block. Items 4 through 18 of HCFA are either not applicable or not required for early intervention services.
- 19) Please add the therapists name. Items 20 through 22 of HCFA are either not applicable or not required early intervention services.
- 23) Prior Authorization Number - THIS FIELD MUST BE USED FOR THE CFO AUTHORIZATION NUMBER. This must be included.
- 24 (a) Field of service should be in the mm/dd/yy format (04/01/02.) For service coordination only, the date on the claim form should be the last day of the month or the last day of the authorization whichever occurs first
- 24 (c) Type of service: Not applicable
- 24 (d) Procedure Code is either the code listed in the authorization section or may detail a specific HCPCS code used in the Medicaid billing system.
- 24 (e) Optional for Early Intervention
- 24 (f) Charges must reflect the total charges for that service encounter. For example, if your charges for speech therapy services, special purpose center are \$16.00 per 15 minute increment please put \$64 for charges for 60 minutes. Services must be in accordance with the providers' usual and customary charges. Payments will reflect the lessor of the provider's usual and customary charge or the First Steps maximum rate. Bill the actual time delivered in minutes. The system will round down to the nearest fifteen-minute increment.
- 24 (g) Days or Units must be referenced in minutes, not in units. This column will be blank for service coordination. This is the most common problem on HCFA 1 500 claim submissions and is the primary cause for payment delays or rejections.
- 25 Federal Tax I.D. Number- Is a required field and reflects the taxpayer ID of the payee.
- 26 Patient account number is an optional field and is used at the provider's discretion. Item 27 of HCFA is not applicable or not required early intervention services.
- 28 Total charges: should reflect the sum of line items on the claim. If the two do not match the individual line items will take precedence.
- 29 Amount Paid: Less insurance or other applicable credits should be used when applicable.

30 Balance Due: Charges should be the result of subtracting "less amount paid" from "total charges".

31 A provider's signature must be included. The signature may be that of an administrative official within the organization who has the authority to sign on behalf of the individual practitioner. A certification statement provided later in this document may be completed allowing providers/payees to submit claims noting signature is on file.

DATE: Enter the date the claim was filed. REQUIREMENT: The date must be after the latest date entered in the billing section of the claim.

32 Name and Address of Facility where Services were rendered: While this field is optional, the information may be important for follow-up activity.

33 Physician's Supplier's Billing Name, Address, Zip Code & Phone. Enter the provider's Medicaid Number. Required.

Mail completed claims to:

CENTRAL FINANCE OFFICE

C/O COVANSYS Software Services, Formerly known as PDA, Software Services

PO Box 29134

Shawnee Mission, KS 66201-9134

866-711-2573 Option 1

CLAIM REJECTION

Claim Rejection Codes:

1. Authorization number not provided	13. Provider not properly credentialed
2. Charges exceed program allowance	14. Offset for previously paid claim
3. Duplicate Charge	15. No intensity provided in minutes
4. Not authorized on dates indicated	16. No procedure code provided
5. Child not eligible for program	17. No charges provided
6. Authorization has been canceled	18. Provider no longer actively enrolled
7. Provider number not given	19. Therapist not on authorization
8. Claim form not signed	20. Refund for over billing
9. Service dates more than 60 days old	21. Invalid authorization number
10. Freeform comments	22. Provider insurance refund
11. Procedure code given not authorized	23. Provider Medicaid refund
12. Authorized procedure limit exceeded	99. Tracking of services (used by system)

RESUBMISSION OF REJECTED CLAIM:

- Resubmission of a previously denied claim must be marked as a '**Resubmission**'. If the claim was denied and a correction is required on the authorization please contact the service coordinator. Corrections to authorizations require verification with the Individualized Family Service Plan. Required billing corrections may be done by the provider and marked as such on the resubmitted form.

CLAIMS CORRECTIONS:

- Corrections to previously submitted and paid claims should be marked as '**Correction**' when submitted to the Central Finance Office.

Example # 1- Not enough service billed:

- Provider bills and receives payment for services that represent 60 minutes when **actual services for that day were 90 minutes**. Provider submits an additional claim, marked as "correction" on the face of the claim form, for the incremental 30 minutes of service. In addition, please place an X in the yes block indicating this is a resubmission of a claim, and make a note on the face of the claim form indicating this is for additional minutes.

Example # 2- Too much service billed:

- Provider bills and receives payment for services that represent 60 minutes when **actual services for that day were 30 minutes**. Provider submits an additional claim, marked as 'correction' on the face of the claim form, for the reduction of 30 minutes of service. The reduction should be noted with a minus sign or in brackets for both the time and the charges. In addition, please place an X in the yes block indicating this is a resubmission of a claim. Make a note on the face of the claim form indicating too many minutes were billed and this needs to be set up as an overpayment.

APPENDICES

Missouri Early Intervention Procedures and Rates

Specialty	E.I. Code	Service Type Description	Auth Type Description	Procedure Description	Service Duration	Service Setting	Spec Rate	Assoc Rate
ABA Implementor	7513	Developmental Therapy	Service	Direct Child Service	1/4 hour	Home	10.5	0
ABA Implementor	7523	Developmental Therapy	Service	Direct Child Service	1/4 hour	Other Family Loc.	10.5	0
ABA Implementor	7533	Developmental Therapy	Service	Direct Child Service	1/4 hour	Community Setting	10.5	0
ABA Implementor	7543	Developmental Therapy	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	8	0
ABA Implementor	***	Developmental Therapy	Service	Group	1/4 hour	N/A	0	2.5
ABA Implementor	7613	Developmental Therapy-ABA	Service	Direct Child Service	1/4 hour	Home	16.25	2.5
ABA Implementor	7623	Developmental Therapy-ABA	Service	Direct Child Service	1/4 hour	Other Family Loc.	16.25	2.5
ABA Implementor	7633	Developmental Therapy-ABA	Service	Direct Child Service	1/4 hour	Community Setting	16.25	2.5
ABA Implementor	7643	Developmental Therapy-ABA	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	16.25	2.5
ABA Implementor	***	Developmental Therapy-ABA	Service	Group	1/4 hour	N/A	0	2.5
ABA Provider	7511	Developmental Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Home	10.5	0
ABA Provider	7512	Developmental Therapy	Service	Family Education/Training/Support	1/4 hour	Home	10.5	0
ABA Provider	7513	Developmental Therapy	Service	Direct Child Service	1/4 hour	Home	10.5	0
ABA Provider	7514	Developmental Therapy	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	10.5	0
ABA Provider	7521	Developmental Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	10.5	0
ABA Provider	7522	Developmental Therapy	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	10.5	0
ABA Provider	7523	Developmental Therapy	Service	Direct Child Service	1/4 hour	Other Family Loc.	10.5	0
ABA Provider	7524	Developmental Therapy	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	10.5	0
ABA Provider	7531	Developmental Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	10.5	0
ABA Provider	7532	Developmental Therapy	Service	Family Education/Training/Support	1/4 hour	Community Setting	10.5	0
ABA Provider	7533	Developmental Therapy	Service	Direct Child Service	1/4 hour	Community Setting	10.5	0
ABA Provider	7534	Developmental Therapy	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	10.5	0
ABA Provider	7541	Developmental Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	8	0
ABA Provider	7542	Developmental Therapy	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	8	0
ABA Provider	7543	Developmental Therapy	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	8	0

ABA Provider	7544	Developmental Therapy	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	8	0
ABA Provider	***	Developmental Therapy	Service	Group	1/4 hour	N/A	3.5	0
ABA Provider	7611	Developmental Therapy-ABA	Service	Consultation/Facilitation with Others	1/4 hour	Home	16.25	0
ABA Provider	7612	Developmental Therapy-ABA	Service	Family Education/Training/Support	1/4 hour	Home	16.25	0
ABA Provider	7613	Developmental Therapy-ABA	Service	Direct Child Service	1/4 hour	Home	16.25	2.5
ABA Provider	7614	Developmental Therapy-ABA	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	16.25	0
ABA Provider	7621	Developmental Therapy-ABA	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	16.25	0
ABA Provider	7622	Developmental Therapy-ABA	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	16.25	0
ABA Provider	7623	Developmental Therapy-ABA	Service	Direct Child Service	1/4 hour	Other Family Loc.	16.25	2.5
ABA Provider	7624	Developmental Therapy-ABA	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	16.25	0
ABA Provider	7631	Developmental Therapy-ABA	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	16.25	0
ABA Provider	7632	Developmental Therapy-ABA	Service	Family Education/Training/Support	1/4 hour	Community Setting	16.25	0
ABA Provider	7633	Developmental Therapy-ABA	Service	Direct Child Service	1/4 hour	Community Setting	16.25	2.5
ABA Provider	7634	Developmental Therapy-ABA	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	16.25	0
ABA Provider	7641	Developmental Therapy-ABA	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	16.25	0
ABA Provider	7642	Developmental Therapy-ABA	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	16.25	0
ABA Provider	7643	Developmental Therapy-ABA	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	16.25	2.5
ABA Provider	7644	Developmental Therapy-ABA	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	16.25	0
ABA Provider	***	Developmental Therapy-ABA	Service	Group	1/4 hour	N/A	3.5	0
Assistive Technology Provider	1033	Assistive Technology	Assistive Technology	Direct Child Service	1/4 hour	Community Setting	0	0
Audiologist	1511	Audiology	Service	Consultation/Facilitation with Others	1/4 hour	Home	13	0
Audiologist	1512	Audiology	Service	Family Education/Training/Support	1/4 hour	Home	13	0
Audiologist	1513	Audiology	Service	Direct Child Service	1/4 hour	Home	13	0
Audiologist	1514	Audiology	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	13	0
Audiologist	1521	Audiology	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	13	0
Audiologist	1522	Audiology	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	13	0
Audiologist	1523	Audiology	Service	Direct Child Service	1/4 hour	Other Family Loc.	13	0

Audiologist	1524	Audiology	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	13	0
Audiologist	1531	Audiology	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	13	0
Audiologist	1532	Audiology	Service	Family Education/Training/Support	1/4 hour	Community Setting	13	0
Audiologist	1533	Audiology	Service	Direct Child Service	1/4 hour	Community Setting	13	0
Audiologist	1534	Audiology	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	13	0
Audiologist	1541	Audiology	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	10.5	0
Audiologist	1542	Audiology	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	10.5	0
Audiologist	1543	Audiology	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	10.5	0
Audiologist	1544	Audiology	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	10.5	0
Audiologist	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Audiologist	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Audiologist	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Counselor	7011	Social Work	Service	Consultation/Facilitation with Others	1/4 hour	Home	14.5	0
Counselor	7012	Social Work	Service	Family Education/Training/Support	1/4 hour	Home	14.5	0
Counselor	7013	Social Work	Service	Direct Child Service	1/4 hour	Home	14.5	0
Counselor	7014	Social Work	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	14.5	0
Counselor	7021	Social Work	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	14.5	0
Counselor	7022	Social Work	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	14.5	0
Counselor	7023	Social Work	Service	Direct Child Service	1/4 hour	Other Family Loc.	14.5	0
Counselor	7024	Social Work	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	14.5	0
Counselor	7031	Social Work	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	14.5	0
Counselor	7032	Social Work	Service	Family Education/Training/Support	1/4 hour	Community Setting	14.5	0
Counselor	7033	Social Work	Service	Direct Child Service	1/4 hour	Community Setting	14.5	0
Counselor	7034	Social Work	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	14.5	0
Counselor	7041	Social Work	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	12	0

Counselor	7042	Social Work	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	12	0
Counselor	7043	Social Work	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	12	0
Counselor	7044	Social Work	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	12	0
Counselor	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Counselor	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Counselor	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Dietitian	4011	Nutrition Services	Service	Consultation/Facilitation with Others	1/4 hour	Home	13	0
Dietitian	4012	Nutrition Services	Service	Family Education/Training/Support	1/4 hour	Home	13	0
Dietitian	4013	Nutrition Services	Service	Direct Child Service	1/4 hour	Home	13	0
Dietitian	4014	Nutrition Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	13	0
Dietitian	4021	Nutrition Services	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	13	0
Dietitian	4022	Nutrition Services	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	13	0
Dietitian	4023	Nutrition Services	Service	Direct Child Service	1/4 hour	Other Family Loc.	13	0
Dietitian	4024	Nutrition Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	13	0
Dietitian	4031	Nutrition Services	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	13	0
Dietitian	4032	Nutrition Services	Service	Family Education/Training/Support	1/4 hour	Community Setting	13	0
Dietitian	4033	Nutrition Services	Service	Direct Child Service	1/4 hour	Community Setting	13	0
Dietitian	4034	Nutrition Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	13	0
Dietitian	4041	Nutrition Services	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	10.5	0
Dietitian	4042	Nutrition Services	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	10.5	0
Dietitian	4043	Nutrition Services	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	10.5	0
Dietitian	4044	Nutrition Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	10.5	0
Dietitian	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Dietitian	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Dietitian	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0

Family Member Transportation	8555	Trans. & Related Cost	Transportation	Mileage	Mile	N/A	0.32	0.32
Interpreter	9551	Bilingual Interpreter	Service	Direct Child Service	1/4 hour	N/A	10.5	0
Interpreters for the Deaf	9553	Sign or transliteration	Service	Direct Child Service	1/4 hour	N/A	10.5	0
Interpreters for the Deaf	***	Sign or transliteration	Eval/Assessment	Evaluation/Assessment	1/4 hour	N/A	10.5	0
Interpreters for the Deaf	***	Sign or transliteration	Eval/Assessment	Evaluation/Assessment	1/4 hour	HOME	10.5	0
Interpreters for the Deaf	***	Sign or transliteration	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	10.5	0
Interpreters for the Deaf	***	Sign or transliteration	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	10.5	0
Interpreters for the Deaf	***	Sign or transliteration	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	10.5	0
Interpreters for the Deaf	***	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	10.5	0
Interpreters for the Deaf	***	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	10.5	0
Interpreters for the Deaf	***	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	10.5	0
Nurse (Licensed Practical)	2511	Health Services	Service	Consultation/Facilitation with Others	1/4 hour	Home	13	10.5
Nurse (Licensed Practical)	2512	Health Services	Service	Family Education/Training/Support	1/4 hour	Home	13	10.5
Nurse (Licensed Practical)	2513	Health Services	Service	Direct Child Service	1/4 hour	Home	13	10.5
Nurse (Licensed Practical)	2521	Health Services	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	13	10.5
Nurse (Licensed Practical)	2522	Health Services	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	13	10.5
Nurse (Licensed Practical)	2523	Health Services	Service	Direct Child Service	1/4 hour	Other Family Loc.	13	10.5
Nurse (Licensed Practical)	2531	Health Services	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	13	10.5
Nurse (Licensed Practical)	2532	Health Services	Service	Family Education/Training/Support	1/4 hour	Community Setting	13	0
Nurse (Licensed Practical)	2533	Health Services	Service	Direct Child Service	1/4 hour	Community Setting	13	10.5
Nurse (Licensed Practical)	2541	Health Services	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	10.5	8
Nurse (Licensed Practical)	2542	Health Services	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	10.5	8
Nurse (Licensed Practical)	2543	Health Services	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	10.5	8
Nurse (Licensed Practical)	3511	Nursing Services	Service	Consultation/Facilitation with Others	1/4 hour	Home	13	10.5
Nurse (Licensed Practical)	3512	Nursing Services	Service	Family Education/Training/Support	1/4 hour	Home	13	10.5
Nurse (Licensed Practical)	3513	Nursing Services	Service	Direct Child Service	1/4 hour	Home	13	10.5
Nurse (Licensed Practical)	3521	Nursing Services	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	13	10.5

Nurse (Licensed Practical)	3522	Nursing Services	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	13	10.5
Nurse (Licensed Practical)	3523	Nursing Services	Service	Direct Child Service	1/4 hour	Other Family Loc.	13	10.5
Nurse (Licensed Practical)	3531	Nursing Services	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	13	10.5
Nurse (Licensed Practical)	3532	Nursing Services	Service	Family Education/Training/Support	1/4 hour	Community Setting	13	10.5
Nurse (Licensed Practical)	3533	Nursing Services	Service	Direct Child Service	1/4 hour	Community Setting	13	10.5
Nurse (Licensed Practical)	3541	Nursing Services	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	10.5	8
Nurse (Licensed Practical)	3542	Nursing Services	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	10.5	8
Nurse (Licensed Practical)	3543	Nursing Services	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	10.5	8
Nurse (Registered)	2511	Health Services	Service	Consultation/Facilitation with Others	1/4 hour	Home	13	10.5
Nurse (Registered)	2512	Health Services	Service	Family Education/Training/Support	1/4 hour	Home	13	10.5
Nurse (Registered)	2513	Health Services	Service	Direct Child Service	1/4 hour	Home	13	10.5
Nurse (Registered)	2514	Health Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	13	0
Nurse (Registered)	2521	Health Services	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	13	10.5
Nurse (Registered)	2522	Health Services	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	13	10.5
Nurse (Registered)	2523	Health Services	Service	Direct Child Service	1/4 hour	Other Family Loc.	13	10.5
Nurse (Registered)	2524	Health Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	13	0
Nurse (Registered)	2531	Health Services	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	13	10.5
Nurse (Registered)	2532	Health Services	Service	Family Education/Training/Support	1/4 hour	Community Setting	13	0
Nurse (Registered)	2533	Health Services	Service	Direct Child Service	1/4 hour	Community Setting	13	10.5
Nurse (Registered)	2534	Health Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	13	0
Nurse (Registered)	2541	Health Services	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	10.5	8
Nurse (Registered)	2542	Health Services	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	10.5	8
Nurse (Registered)	2543	Health Services	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	10.5	8
Nurse (Registered)	2544	Health Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	10.5	0
Nurse (Registered)	3511	Nursing Services	Service	Consultation/Facilitation with Others	1/4 hour	Home	13	10.5

Nurse (Registered)	3512	Nursing Services	Service	Family Education/Training/Support	1/4 hour	Home	13	10.5
Nurse (Registered)	3513	Nursing Services	Service	Direct Child Service	1/4 hour	Home	13	10.5
Nurse (Registered)	3514	Nursing Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	13	10.5
Nurse (Registered)	3521	Nursing Services	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	13	10.5
Nurse (Registered)	3522	Nursing Services	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	13	10.5
Nurse (Registered)	3523	Nursing Services	Service	Direct Child Service	1/4 hour	Other Family Loc.	13	10.5
Nurse (Registered)	3524	Nursing Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	13	10.5
Nurse (Registered)	3531	Nursing Services	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	13	10.5
Nurse (Registered)	3532	Nursing Services	Service	Family Education/Training/Support	1/4 hour	Community Setting	13	10.5
Nurse (Registered)	3533	Nursing Services	Service	Direct Child Service	1/4 hour	Community Setting	13	10.5
Nurse (Registered)	3534	Nursing Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	13	10.5
Nurse (Registered)	3541	Nursing Services	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	10.5	8
Nurse (Registered)	3542	Nursing Services	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	10.5	8
Nurse (Registered)	3543	Nursing Services	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	10.5	8
Nurse (Registered)	3544	Nursing Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	10.5	8
Nurse (Registered)	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Nurse (Registered)	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Nurse (Registered)	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Occupational Ther Asst COTA	4511	Occupational Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Home	13	10.5
Occupational Ther Asst COTA	4512	Occupational Therapy	Service	Family Education/Training/Support	1/4 hour	Home	13	10.5
Occupational Ther Asst COTA	4513	Occupational Therapy	Service	Direct Child Service	1/4 hour	Home	12.5	10.5
Occupational Ther Asst COTA	4521	Occupational Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	13	10.5
Occupational Ther Asst COTA	4522	Occupational Therapy	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	13	10.5
Occupational Ther Asst COTA	4523	Occupational Therapy	Service	Direct Child Service	1/4 hour	Other Family Loc.	12.5	10.5
Occupational Ther Asst COTA	4531	Occupational Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	13	10.5

Occupational Ther Asst COTA	4532	Occupational Therapy	Service	Family Education/Training/Support	1/4 hour	Community Setting	13	10.5
Occupational Ther Asst COTA	4533	Occupational Therapy	Service	Direct Child Service	1/4 hour	Community Setting	12.5	10.5
Occupational Ther Asst COTA	4541	Occupational Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	10.5	8
Occupational Ther Asst COTA	4542	Occupational Therapy	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	10.5	8
Occupational Ther Asst COTA	4543	Occupational Therapy	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	10	8
Occupational Therapist	4511	Occupational Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Home	13	10.5
Occupational Therapist	4512	Occupational Therapy	Service	Family Education/Training/Support	1/4 hour	Home	13	10.5
Occupational Therapist	4513	Occupational Therapy	Service	Direct Child Service	1/4 hour	Home	12.5	10.5
Occupational Therapist	4514	Occupational Therapy	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	12.5	10.5
Occupational Therapist	4521	Occupational Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	13	10.5
Occupational Therapist	4522	Occupational Therapy	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	13	10.5
Occupational Therapist	4523	Occupational Therapy	Service	Direct Child Service	1/4 hour	Other Family Loc.	12.5	10.5
Occupational Therapist	4524	Occupational Therapy	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	12.5	10.5
Occupational Therapist	4531	Occupational Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	13	10.5
Occupational Therapist	4532	Occupational Therapy	Service	Family Education/Training/Support	1/4 hour	Community Setting	13	10.5
Occupational Therapist	4533	Occupational Therapy	Service	Direct Child Service	1/4 hour	Community Setting	12.5	10.5
Occupational Therapist	4534	Occupational Therapy	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	12.5	10.5
Occupational Therapist	4541	Occupational Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	10.5	8
Occupational Therapist	4542	Occupational Therapy	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	10.5	8
Occupational Therapist	4543	Occupational Therapy	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	10	8
Occupational Therapist	4544	Occupational Therapy	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	10	8
Occupational Therapist	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Occupational Therapist	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Occupational Therapist	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Ophtamologist	9011	Vision Services	Service	Consultation/Facilitation with Others	1/4 hour	Home	10.5	0

Ophtamologist	9012	Vision Services	Service	Family Education/Training/Support	1/4 hour	Home	10.5	0
Ophtamologist	9013	Vision Services	Service	Direct Child Service	1/4 hour	Home	10.5	0
Ophtamologist	9014	Vision Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	10.5	0
Ophtamologist	9021	Vision Services	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	10.5	0
Ophtamologist	9022	Vision Services	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	10.5	0
Ophtamologist	9023	Vision Services	Service	Direct Child Service	1/4 hour	Other Family Loc.	10.5	0
Ophtamologist	9024	Vision Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	10.5	0
Ophtamologist	9031	Vision Services	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	10.5	0
Ophtamologist	9032	Vision Services	Service	Family Education/Training/Support	1/4 hour	Community Setting	10.5	0
Ophtamologist	9033	Vision Services	Service	Direct Child Service	1/4 hour	Community Setting	10.5	0
Ophtamologist	9034	Vision Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	10.5	0
Ophtamologist	9041	Vision Services	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	8	0
Ophtamologist	9042	Vision Services	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	8	0
Ophtamologist	9043	Vision Services	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	8	0
Ophtamologist	9044	Vision Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	8	0
Optometrist	9011	Vision Services	Service	Consultation/Facilitation with Others	1/4 hour	Home	10.5	0
Optometrist	9012	Vision Services	Service	Family Education/Training/Support	1/4 hour	Home	10.5	0
Optometrist	9013	Vision Services	Service	Direct Child Service	1/4 hour	Home	10.5	0
Optometrist	9014	Vision Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	10.5	0
Optometrist	9021	Vision Services	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	10.5	0
Optometrist	9022	Vision Services	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	10.5	0
Optometrist	9023	Vision Services	Service	Direct Child Service	1/4 hour	Other Family Loc.	10.5	0
Optometrist	9024	Vision Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	10.5	0
Optometrist	9031	Vision Services	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	10.5	0
Optometrist	9032	Vision Services	Service	Family Education/Training/Support	1/4 hour	Community Setting	10.5	0
Optometrist	9033	Vision Services	Service	Direct Child Service	1/4 hour	Community Setting	10.5	0
Optometrist	9034	Vision Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	10.5	0

Optometrist	9041	Vision Services	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	8	0
Optometrist	9042	Vision Services	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	8	0
Optometrist	9043	Vision Services	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	8	0
Optometrist	9044	Vision Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	8	0
Optometrist	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Optometrist	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Optometrist	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Orientation and Mobility Spec	9011	Vision Services	Service	Consultation/Facilitation with Others	1/4 hour	Home	10.5	0
Orientation and Mobility Spec	9012	Vision Services	Service	Family Education/Training/Support	1/4 hour	Home	10.5	0
Orientation and Mobility Spec	9013	Vision Services	Service	Direct Child Service	1/4 hour	Home	10.5	0
Orientation and Mobility Spec	9014	Vision Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	10.5	0
Orientation and Mobility Spec	9021	Vision Services	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	10.5	0
Orientation and Mobility Spec	9022	Vision Services	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	10.5	0
Orientation and Mobility Spec	9023	Vision Services	Service	Direct Child Service	1/4 hour	Other Family Loc.	10.5	0
Orientation and Mobility Spec	9024	Vision Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	10.5	0
Orientation and Mobility Spec	9031	Vision Services	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	10.5	0
Orientation and Mobility Spec	9032	Vision Services	Service	Family Education/Training/Support	1/4 hour	Community Setting	10.5	0
Orientation and Mobility Spec	9033	Vision Services	Service	Direct Child Service	1/4 hour	Community Setting	10.5	0
Orientation and Mobility Spec	9034	Vision Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	10.5	0
Orientation and Mobility Spec	9041	Vision Services	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	8	0
Orientation and Mobility Spec	9042	Vision Services	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	8	0
Orientation and Mobility Spec	9043	Vision Services	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	8	0
Orientation and Mobility Spec	9044	Vision Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	8	0
Orientation and Mobility Spec	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Orientation and Mobility Spec	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0

Orientation and Mobility Spec	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Parapro. in Early Intervention	7555	Developmental Therapy	Service	Group	1/4 hour	N/A	2.7	2.5
Physical Therapist	5011	Physical Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Home	13	10.5
Physical Therapist	5012	Physical Therapy	Service	Family Education/Training/Support	1/4 hour	Home	13	10.5
Physical Therapist	5013	Physical Therapy	Service	Direct Child Service	1/4 hour	Home	12.5	10.5
Physical Therapist	5014	Physical Therapy	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	12.5	10.5
Physical Therapist	5021	Physical Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	13	10.5
Physical Therapist	5022	Physical Therapy	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	13	10.5
Physical Therapist	5023	Physical Therapy	Service	Direct Child Service	1/4 hour	Other Family Loc.	12.5	10.5
Physical Therapist	5024	Physical Therapy	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	12.5	10.5
Physical Therapist	5031	Physical Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	13	10.5
Physical Therapist	5032	Physical Therapy	Service	Family Education/Training/Support	1/4 hour	Community Setting	13	10.5
Physical Therapist	5033	Physical Therapy	Service	Direct Child Service	1/4 hour	Community Setting	12.5	10.5
Physical Therapist	5034	Physical Therapy	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	12.5	10.5
Physical Therapist	5041	Physical Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	10.5	8
Physical Therapist	5042	Physical Therapy	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	10.5	8
Physical Therapist	5043	Physical Therapy	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	10	8
Physical Therapist	5044	Physical Therapy	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	10	8
Physical Therapist	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Physical Therapist	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Physical Therapist	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Physical Therapist Asst PTA	5011	Physical Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Home	13	10.5
Physical Therapist Asst PTA	5012	Physical Therapy	Service	Family Education/Training/Support	1/4 hour	Home	13	10.5
Physical Therapist Asst PTA	5013	Physical Therapy	Service	Direct Child Service	1/4 hour	Home	12.5	10.5
Physical Therapist Asst PTA	5021	Physical Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	13	10.5

Physical Therapist Asst PTA	5022	Physical Therapy	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	13	10.5
Physical Therapist Asst PTA	5023	Physical Therapy	Service	Direct Child Service	1/4 hour	Other Family Loc.	12.5	10.5
Physical Therapist Asst PTA	5031	Physical Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	13	10.5
Physical Therapist Asst PTA	5032	Physical Therapy	Service	Family Education/Training/Support	1/4 hour	Community Setting	13	10.5
Physical Therapist Asst PTA	5033	Physical Therapy	Service	Direct Child Service	1/4 hour	Community Setting	12.5	10.5
Physical Therapist Asst PTA	5041	Physical Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	10.5	8
Physical Therapist Asst PTA	5042	Physical Therapy	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	10.5	8
Physical Therapist Asst PTA	5043	Physical Therapy	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	10	8
Physician	2511	Health Services	Service	Consultation/Facilitation with Others	1/4 hour	Home	13	10.5
Physician	2512	Health Services	Service	Family Education/Training/Support	1/4 hour	Home	13	10.5
Physician	2513	Health Services	Service	Direct Child Service	1/4 hour	Home	13	10.5
Physician	2514	Health Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	13	0
Physician	2521	Health Services	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	13	10.5
Physician	2522	Health Services	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	13	10.5
Physician	2523	Health Services	Service	Direct Child Service	1/4 hour	Other Family Loc.	13	10.5
Physician	2524	Health Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	13	0
Physician	2531	Health Services	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	13	10.5
Physician	2532	Health Services	Service	Family Education/Training/Support	1/4 hour	Community Setting	13	0
Physician	2533	Health Services	Service	Direct Child Service	1/4 hour	Community Setting	13	10.5
Physician	2534	Health Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	13	0
Physician	2541	Health Services	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	10.5	8
Physician	2542	Health Services	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	10.5	8
Physician	2543	Health Services	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	10.5	8
Physician	2544	Health Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	10.5	0
Physician	3011	Medical Services	Service	Consultation/Facilitation with Others	1/4 hour	Home	0	0
Physician	3014	Medical Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	0	0

Physician	3021	Medical Services	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	0	0
Physician	3024	Medical Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	0	0
Physician	3031	Medical Services	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	0	0
Physician	3034	Medical Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	0	0
Physician	3041	Medical Services	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	0	0
Physician	3044	Medical Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	0	0
Physician	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Physician	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Physician	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Psychologist	5511	Psychological	Service	Consultation/Facilitation with Others	1/4 hour	Home	17.5	0
Psychologist	5512	Psychological	Service	Family Education/Training/Support	1/4 hour	Home	17.5	0
Psychologist	5513	Psychological	Service	Direct Child Service	1/4 hour	Home	17.5	0
Psychologist	5514	Psychological	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	17.5	10.5
Psychologist	5521	Psychological	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	17.5	0
Psychologist	5522	Psychological	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	17.5	0
Psychologist	5523	Psychological	Service	Direct Child Service	1/4 hour	Other Family Loc.	17.5	0
Psychologist	5524	Psychological	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	17.5	10.5
Psychologist	5531	Psychological	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	17.5	0
Psychologist	5532	Psychological	Service	Family Education/Training/Support	1/4 hour	Community Setting	17.5	0
Psychologist	5533	Psychological	Service	Direct Child Service	1/4 hour	Community Setting	17.5	0
Psychologist	5534	Psychological	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	17.5	10.5
Psychologist	5541	Psychological	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	15	0
Psychologist	5542	Psychological	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	15	0
Psychologist	5543	Psychological	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	15	0
Psychologist	5544	Psychological	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	15	8

Psychologist	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Psychologist	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Psychologist	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Service Coordinator	6055	Service Coordination	Service	Service Coordination	Monthly	N/A	66	44
Service Coordinator	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Service Coordinator	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Service Coordinator	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Service Coordinator - DMH	6055	Service Coordination	Service	Service Coordination	Monthly	N/A	66	44
Service Coordinator - DMH	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Service Coordinator - DMH	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Service Coordinator Associate	6055	Service Coordination	Service	Service Coordination	Monthly	N/A	66	44
Social Worker	7011	Social Work	Service	Consultation/Facilitation with Others	1/4 hour	Home	14.5	0
Social Worker	7012	Social Work	Service	Family Education/Training/Support	1/4 hour	Home	14.5	0
Social Worker	7013	Social Work	Service	Direct Child Service	1/4 hour	Home	14.5	0
Social Worker	7014	Social Work	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	14.5	0
Social Worker	7021	Social Work	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	14.5	0
Social Worker	7022	Social Work	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	14.5	0
Social Worker	7023	Social Work	Service	Direct Child Service	1/4 hour	Other Family Loc.	14.5	0
Social Worker	7024	Social Work	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	14.5	0
Social Worker	7031	Social Work	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	14.5	0
Social Worker	7032	Social Work	Service	Family Education/Training/Support	1/4 hour	Community Setting	14.5	0
Social Worker	7033	Social Work	Service	Direct Child Service	1/4 hour	Community Setting	14.5	0
Social Worker	7034	Social Work	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	14.5	0
Social Worker	7041	Social Work	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	12	0
Social Worker	7042	Social Work	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	12	0
Social Worker	7043	Social Work	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	12	0

Social Worker	7044	Social Work	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	12	0
Social Worker	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Social Worker	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Social Worker	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Special Instr (Develop Spec)	7511	Developmental Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Home	10.5	0
Special Instr (Develop Spec)	7512	Developmental Therapy	Service	Family Education/Training/Support	1/4 hour	Home	10.5	0
Special Instr (Develop Spec)	7513	Developmental Therapy	Service	Direct Child Service	1/4 hour	Home	10.5	0
Special Instr (Develop Spec)	7514	Developmental Therapy	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	10.5	0
Special Instr (Develop Spec)	7521	Developmental Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	10.5	0
Special Instr (Develop Spec)	7522	Developmental Therapy	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	10.5	0
Special Instr (Develop Spec)	7523	Developmental Therapy	Service	Direct Child Service	1/4 hour	Other Family Loc.	10.5	0
Special Instr (Develop Spec)	7524	Developmental Therapy	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	10.5	0
Special Instr (Develop Spec)	7531	Developmental Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	10.5	0
Special Instr (Develop Spec)	7532	Developmental Therapy	Service	Family Education/Training/Support	1/4 hour	Community Setting	10.5	0
Special Instr (Develop Spec)	7533	Developmental Therapy	Service	Direct Child Service	1/4 hour	Community Setting	10.5	0
Special Instr (Develop Spec)	7534	Developmental Therapy	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	10.5	0
Special Instr (Develop Spec)	7541	Developmental Therapy	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	8	0
Special Instr (Develop Spec)	7542	Developmental Therapy	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	8	0
Special Instr (Develop Spec)	7543	Developmental Therapy	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	8	0
Special Instr (Develop Spec)	7544	Developmental Therapy	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	8	0
Special Instr (Develop Spec)	7555	Developmental Therapy	Service	Group	1/4 hour	N/A	3.5	0
Special Instr (Develop Spec)	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Special Instr (Develop Spec)	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Special Instr (Develop Spec)	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Speech Pathologist	8011	Speech Language Pathology	Service	Consultation/Facilitation with Others	1/4 hour	Home	13	0

Speech Pathologist	8012	Speech Language Pathology	Service	Family Education/Training/Support	1/4 hour	Home	13	0
Speech Pathologist	8013	Speech Language Pathology	Service	Direct Child Service	1/4 hour	Home	12.5	0
Speech Pathologist	8014	Speech Language Pathology	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	12.5	0
Speech Pathologist	8021	Speech Language Pathology	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	13	0
Speech Pathologist	8022	Speech Language Pathology	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	13	0
Speech Pathologist	8023	Speech Language Pathology	Service	Direct Child Service	1/4 hour	Other Family Loc.	12.5	0
Speech Pathologist	8024	Speech Language Pathology	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	12.5	0
Speech Pathologist	8031	Speech Language Pathology	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	13	0
Speech Pathologist	8032	Speech Language Pathology	Service	Family Education/Training/Support	1/4 hour	Community Setting	13	0
Speech Pathologist	8033	Speech Language Pathology	Service	Direct Child Service	1/4 hour	Community Setting	13	0
Speech Pathologist	8034	Speech Language Pathology	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	12.5	0
Speech Pathologist	8041	Speech Language Pathology	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	10.5	0
Speech Pathologist	8042	Speech Language Pathology	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	10.5	0
Speech Pathologist	8043	Speech Language Pathology	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	10	0
Speech Pathologist	8044	Speech Language Pathology	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	10	0
Speech Pathologist	8055	Speech Language Pathology	Service	Group	1/4 hour	N/A	3	0
Speech Pathologist	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Speech Pathologist	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Speech Pathologist	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Translator	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Translator	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Translator	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Translator	***	Bilingual Interpreter	Eval/Assessment	Evaluation/Assessment	1/4 hour	N/A	10.5	0
Translator	***	Bilingual Interpreter	Eval/Assessment	Evaluation/Assessment	1/4 hour	HOME	10.5	0
Translator	***	Bilingual Interpreter	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	10.5	0
Translator	***	Bilingual Interpreter	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	10.5	0

Translator	***	Bilingual Interpreter	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	10.5	0
Translator	***	Bilingual Interpreter	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	10.5	0
Translator	***	Bilingual Interpreter	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	10.5	0
Translator	***	Bilingual Interpreter	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	10.5	0
Translator	***	Bilingual Interpreter	Service	Direct Child Service	1/4 hour	N/A	10.5	0
Transportation	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Transportation	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Transportation	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Vision Specialist	9011	Vision Services	Service	Consultation/Facilitation with Others	1/4 hour	Home	10.5	0
Vision Specialist	9012	Vision Services	Service	Family Education/Training/Support	1/4 hour	Home	10.5	0
Vision Specialist	9013	Vision Services	Service	Direct Child Service	1/4 hour	Home	10.5	0
Vision Specialist	9014	Vision Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Home	10.5	0
Vision Specialist	9021	Vision Services	Service	Consultation/Facilitation with Others	1/4 hour	Other Family Loc.	10.5	0
Vision Specialist	9022	Vision Services	Service	Family Education/Training/Support	1/4 hour	Other Family Loc.	10.5	0
Vision Specialist	9023	Vision Services	Service	Direct Child Service	1/4 hour	Other Family Loc.	10.5	0
Vision Specialist	9024	Vision Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Other Family Loc.	10.5	0
Vision Specialist	9031	Vision Services	Service	Consultation/Facilitation with Others	1/4 hour	Community Setting	10.5	0
Vision Specialist	9032	Vision Services	Service	Family Education/Training/Support	1/4 hour	Community Setting	10.5	0
Vision Specialist	9033	Vision Services	Service	Direct Child Service	1/4 hour	Community Setting	10.5	0
Vision Specialist	9034	Vision Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Community Setting	10.5	0
Vision Specialist	9041	Vision Services	Service	Consultation/Facilitation with Others	1/4 hour	Spec. Purpose Center	8	0
Vision Specialist	9042	Vision Services	Service	Family Education/Training/Support	1/4 hour	Spec. Purpose Center	8	0
Vision Specialist	9043	Vision Services	Service	Direct Child Service	1/4 hour	Spec. Purpose Center	8	0
Vision Specialist	9044	Vision Services	Eval/Assessment	Evaluation/Assessment	1/4 hour	Spec. Purpose Center	8	0
Vision Specialist	9653	Team Mtg - IFSP	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0

Vision Specialist	9753	Team Mtg - Eligibility	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0
Vision Specialist	9853	Team Mtg - Transition	Eval/Assessment	Consultation/Facilitation with Others	1/4 hour	N/A	15	0

*** Procedure effective 3/20/03

*** Procedure Code to be assigned.

Appendix B– Calculation of Units Encumbered

This document is provided to assist providers with the management of services delivered and billed.

Because it is the responsibility of providers to monitor the utilization of services they have been authorized to deliver, it is essential that they receive information on the process by which the total units on an authorization are calculated.

The majority of authorization types are addressed by the information below. However, in the case of Assistive Technology, authorizations are based on fixed dollar amounts for specific items.

Background

The CFO Claims system (CCG) determines the maximum usage of many types of authorization based on a calculated number of units authorized. For example, an authorization for a service to be rendered 3 times for 1 hour each time would have a total “units authorized” of 12 units (4 15-minute units x 3 visits).

Once all units authorized have been paid, claims are denied with reason code 12, “authorized limit exceeded.” With each authorization’s listing in CCG (eix), we provide an inquiry function that shows the total number of units authorized and the number of units paid to date. This information is available to providers who call the CFO, as some often do, in order to determine how many more claims will be paid for a particular authorization.

The SPOE software has enormous flexibility in the specification of an authorization’s number of units. An authorization can be written for x units, y times per z time period, from a start date to an end date. This flexibility adds a great deal of complexity when calculating the maximum number of units intended to be authorized.

Most of the calculation is fairly simple. Determining precisely (and programmatically) how many weeks, months, quarters or years fall between the start date and end date is another matter.

Usually, the difference in total units authorized that results from a variance of plus or minus a week or month is relatively minor. In some cases, the difference can be quite large, particularly when the authorization is written on a per-month, per-quarter or per-year basis.

Examples:

A. 4 units, 8 times per month from 3/10/01 to 5/25/01

Totals 96 units, if the date range is rounded to 3 months

64 units, if the date range is rounded to 2 months

48 units, if the date range is prorated to 1.5 months

B. 2 units, 52 times per year from 2/1/00 to 1/12/01

(An actual authorization very much like this one raised the issue)

Totals 52 units, if rounded to 1 year 104 units, if rounded to 2 years 49 units, if prorated to 0.95 years

Solution

An algorithm for converting a specified date range into a number of weeks, months or years was agreed upon and implemented. An effort was made to keep the algorithm as simple as possible, because the number of units authorized must be calculated each time a claim is edited to determine whether it can be paid.

In order to address the above requirements and considerations the following algorithm has been implemented in CCG:

Two intermediate values are coded.

U = the number of units authorized per single time period. In example A, above, U = 32 (4 units x 8 times per single month). In example b, U = 104 (2 units x 52 times per single year). In finding U, the start and end dates of the authorization and the exact time period specified are ignored. For any authorization, U is an integer that is easily determined.

T = the number of time periods falling between the authorization start date and end date. It is not rounded, and it is determined as follows:

If start date = end date or the time period is “per auth,” then T = 1.

Else

T = the number of days between start date and end date, inclusive, divided by 1, 7, 30, 90, or 365, for authorizations per day, per week, per month, per quarter and per year, respectively.

Total Units Authorized = U x T. The number of units per time period multiplied by the number of periods between the start date and end date gives the final answer.

When any remainder exists, the number of units is always rounded up to the next whole number. For instance, 14.01 units should be paid up to 15 units.

This algorithm effectively prorates the units authorized according to the number of days in the authorization’s date range, giving the third answer in the examples.

In Summary:

The last section above describes the calculation, which simply put is this:

$U \times T$

where

U = the number of units per time period (per auth, per week, per year,...)

T = the number of time periods during the auth, based on the number of days from start date to end date, divided by 7, 30, 90, or 365 to determine weeks, months, quarters, or years, as appropriate.

If the result of $U \times T$ is not an integer (0 to the right of the decimal), the value is always bumped up to the next whole unit.

The following are examples:

A. 45 minutes 2 times **per week**, from April 1 to May 31

U = 6 (3 units x 2 times per)

T = 8.7142857... (61 days / 7 days per week)

$U \times T = 52.2857 \dots$

Units Authorized = 53

B. 60 minutes 2 times **per month**, from February 1 to May 31 U = 8 (4 units x 2 times per)

T = 4.0 (120 days / 30 days per month)

$U \times T = 32.0$

Units Authorized = 32

C. 30 minutes 5 times **per auth**, from January 1 to December 31 U = 10 (2 units x 5 times per)

T = 1.0 (time period is per auth)

$$U \times T = 10.0$$

Units Authorized = 10

D. 90 minutes 1 time per quarter, from January 1 to January 31 $U = 6$ (6 units x 1 time per)

$T = 0.34444...$ (31 days / 90 days per quarter)

$$U \times T = 2.06666...$$

Units Authorized = 3

In order to calculate how many units you have for a given authorization, you can find an Encumbered Units Calculator at this link <http://www.eikids.com/mo/matrix/help/index.asp> on the EIKids web site. By filling in the 5 fields from information obtained from your authorization billing sheet, you can then hit calculate and it will display the total number of units for that given authorization.

Appendix C - Manual for Transportation

Mileage (Family Member)

Transportation Authorizations are initiated through the System Point of Entry (SPOE) based on receipt of a source document. These sources include:

- A) An Individualized Family Service Plan (IFSP) including the Transportation Authorization Form
- B) An IFSP Review Documentation Worksheet accompanied by a revised IFSP and the Transportation Authorization Form

Upon receipt of a source document the SPOE promptly enters the information into the electronic system that captures sufficient information to generate authorizations for services. Daily, or when information warrants, the SPOE connects electronically to the Central Finance Office and transfers information that triggers the CFO to print and mail an authorization to an enrolled service provider.

Transportation authorizations are a reflection of the services identified on an IFSP. You should have a copy of the IFSP as services begin for your child and family. Transportation authorizations will follow and should match what is specified on the IFSP including the dates of service, frequency, intensity, location and duration. Authorization start dates will be consistent with the start date identified on the IFSP even if mailed or processed after services have started.

Transportation authorizations that are inconsistent with the IFSP should be discussed with the service coordinator immediately. The child's service coordinator is identified on the IFSP and on the authorization.

Also, note that confirming copies of cancellation and discontinuation notices that are mailed to you should be kept for reference. You will probably use the authorization forms for billing. Please keep the original authorization and use copies of it for billings. Always verify that the authorization used for billing has not been cancelled or discontinued due to a change.

Transportation Authorization/Billing Form

The transportation authorization received by the family/provider must also be used as the billing form since most of the critical information to process a claim is preprinted on the form. This has proven to be a highly effective billing choice that results in minimal rejections. You can submit up to nine round trips on an individual claim form and may find it convenient to submit them monthly. If you make more than nine trips monthly, use two forms for the monthly submission.

Bills must be received within 60 calendar days of the actual date the service was provided. Your timely billing to the Central Finance Office is essential to your reimbursement.

The CFO is required to mail checks within 10 business days from receipt of the claim. The CFO reimburses transportation providers at the official State of Missouri mileage rate at the time of service delivery. Presently, that rate is \$.335 per mile effective July 1, 2002. The CFO is required to issue an annual 1099 Form reporting provider reimbursements to the Internal Revenue Service. It is the policy of the DESE that the 1099 is issued to family member transportation providers whether or not the amount is under the IRS minimum for reporting. This reimbursement is considered income and may result in tax consequences to the individual.

Sample claim forms and the Explanation of Provider Payment form are provided in Appendix D of the Billing Manual.

Note: you must use copies of the original authorization/billing form as your submitted claim form and keep the original copy. No replacement form will automatically be provided.

Step-by-Step Billing Instructions for Transportation:

1. List your dates of service (the days you go to therapy) in the mm/dd/yy format (i.e., 04/02/03) in the first (left-hand) column titled "Date of Service".
2. List the places where you are going for therapy (i.e. St. Mary's) in the second column titled "Provider Visited." **Note:** You should enter round trips on each line not one way trips as the column title indicates. One way trip does not apply to family members billing for mileage reimbursement.
3. List the code for the procedure listed in the authorization section (8555) in the third column titled Procedure Code.
4. Enter the total number of miles from home to therapy and return in the fourth column (Mileage). You are entering the round trip mileage since you are billing for total mileage, not one way trips.
5. Enter "None" in the fifth column "Other Expenses" unless you have received prior authorization for another expense.
6. Enter the total round trip mileage charges in the last column titled "Total Charges". Calculate your total charge by multiplying the total round trip mileage *times the current State of Missouri mileage rate (# miles x .335 = reimbursed amount)*. If there is an "Other Expenses" amount that will need to be added to the round trip mileage reimbursement amount and the total placed in this column.
7. Patient account number is an optional field used by provider organizations. This is not applicable to family member transportation providers and should be left blank.
8. The third block at the bottom of the page titled "Total Charges" should reflect the sum of line items on the claim. When you are ready to submit the claim, total up all of the line item charges from the last column above and enter the amount in this block. If the two do not match the individual line items will take precedence.
9. The "Less Insurance" is not applicable to family member transportation providers and should be left blank.
10. Net charges should be the result of subtracting "Less Insurance" from "Total Charges" and in the case of Family Member transportation providers will be the same amount as "Total Charges".
11. Routinely you will mark the "No" block with an "X" beside the statement: "Is this the final claim for this authorization?" Only when submitting the last claim at the end of the authorization period will you mark the "Yes" block.
12. Routinely you will mark the "No" block with an "X" beside the statement: "Is this a resubmission of a claim?" Only when submitting a correction to a previously claim will you mark the "Yes" block.
13. The family member transportation provider's signature line must be complete. Please be sure to sign the claim before submitting.
14. The date the claim is filed must be after the latest date entered in the billing section of the claim or the date signed whichever is later.
15. Mail to:

CENTRAL FINANCE OFFICE
C/O COVANSYS Software Services, Formerly known as PDA, Software Services
PO Box 29134
Shawnee Mission, KS 66201-9134
866-711-2573 Option 1

Claims Corrections

Corrections to previously submitted and paid claims should be marked as “correction” when resubmitted to the Central Finance Office (CFO.) Two examples of when corrections may be necessary are provided below:

1. **Not enough mileage billed on a round trip:** The provider bills and receives payment for 30 miles when the actual mileage for that round trip was 36 miles. The provider would submit an additional claim, marked as a “correction” on the face of the claim form for the incremental 6 miles. In addition, the provider would place an “X” in the “Yes” block indicating this is a resubmission of a claim.
2. **Too much service billed:** The provider bills and receives payment for 60 miles when actual mileage for that day was 30 miles. The provider submits an additional claim marked as a “correction” on the face of the claim form for the reduction of 30 miles. The reduction should be noted with a minus sign or in brackets for both the mileage and the charges. In addition, the provider would place an “X” in the “Yes” block indicating this is a resubmission of a claim.

Appendix D - Sample Forms

	page
a) Service Authorization/Billing	28
b) Service Authorization/Billing (Discontinuation Notice).....	29
c) Service Authorization/Billing (Notice of Cancellation).....	30
d) Transportation Authorization/Billing.....	31
e) Assistive Technology Billing.....	32
f) Notification of Authorized Services.....	33
g) Sample Check.....	34
h) Explanation of Provider Payment.....	35 & 36
i) Explanation of Benefits.....	37

Central Finance Office
c/o PDA Software Services
P.O. Box 29134
Shawnee Mission, KS 66201-9134



Service Authorization/Billing

Client ID No.	Client's Name	Birthdate	Issue Date
9900-00001	JOHNNY PUBLIC	12/27/2001	08/12/2002
Telephone No.	Head of Household	Authorization Service Dates	
636-555-1234	JOHN PUBLIC	08/09/2002 to 02/12/2003	

NICE PROVIDER COMPANY
A. PROVIDER
123 CLEAN ROAD
SAINT LOUIS, MO 63103

Service Coordinator
Sally Provider
Inquiries regarding service call:
(866) 711-2573
Payment will be made to:
Nice Provider Company 00-0000000

Authorization Section: Subject to conditions on the IFSP, you are authorized to provide and bill for the services described below.

Procedure	Description	Frequency
6055	Service Coordination-Service Coordination (N/A)	15 minutes 1/Month

Billing Section: Please use this section of the form to bill for the services provided. Bills must be received within 60 days of service

Authorization No.	Medicaid Provider ID	Medicaid PA	PCCM Referral	PCCM Code
A9900-00001-6				
Date of Service	Procedure Code	Total Charges	Intensity In Minutes	
Payee Tax ID No.	Patient Account No.	Total Charges		
00-0000003				

Submit bills to:
Central Finance Office
c/o PDA Software Services
P.O. Box 29134
Shawnee Mission, KS 66201-9134

Is this the final claim for this authorization? ☐ Yes ☐ No
Is this a resubmission of a claim? ☐ Yes ☐ No
I certify that the above billed services were provided in
accordance with the child's Individualized Family Service Plan.

Provider's Signature

Date

Have you updated your online Service Matrix web information?
To request a password, please go to <http://missouri.eikids.com> and click "Edit Matrix/Login".

Central Finance Office
c/o PDA Software Services
P.O. Box 29134
Shawnee Mission, KS 66201-9134



**Service Authorization/Billing
Discontinuation Notice**

Client ID No.	Client's Name	Birthdate	Issue Date
9900-00001	JOHNNY PUBLIC	12/27/2001	08/12/2002
Telephone No.	Head of Household	Authorization Service Dates	
636-555-1234	JOHN PUBLIC	08/09/2002 to 02/12/2003	

NICE PROVIDER COMPANY
A. PROVIDER
123 CLEAN ROAD
SAINT LOUIS, MO 63103

Service Coordinator
Sally Provider
Inquiries regarding service call:
(866) 711-2573
Payment will be made to:
Nice Provider Company 00-0000000

Authorization Section: Subject to conditions on the IFSP, you are authorized to provide and bill for the services described below.

Procedure	Description	Frequency
6055	Service Coordination-Service Coordination (N/A)	15 minutes 1/Month

This authorization has been discontinued as of 10/29/2001. You are not authorized to provide any services related to this authorization after this date. Any claims submitted under this authorization for services provided after this date will be denied payment. If this action was to correct or update the original authorization, a replacement authorization may be in process. Please contact the service coordinator or the local First Steps System Point of Entry for additional information.

Billing Section: Please use this section of the form to bill for the services provided. Bills must be received within 60 days of service.

Authorization No.	Medicaid Provider ID	Medicaid PA	PCCM Referral	PCCM Code	
A9900-00001-6					
Date of Service	Place Of Service Code	Procedure Code	Total Charges	Intensity In Minutes	Place of Service Codes (Use in Column 2)
					1=Home 2=Family Day Care 3=Nursery School/Child Care 4=Outpatient Service 5=EI Class/Program 6=Hospital (Inpatient) 7=Residential Facility 8=Other Setting
Payee Tax ID No.	Patient Account No.	Total Charges			
00-0000003					

Submit bills to:

Central Finance Office
c/o PDA Software Services
P.O. Box 29134
Shawnee Mission, KS 66201-9134

Is this the final claim for this authorization? ☐ Yes ☐ No

Is this a resubmission of a claim? ☐ Yes ☐ No

I certify that the above billed services were provided in accordance with the child's Individualized Family Service Plan.

Provider's Signature

Date

Central Finance Office
 c/o PDA Software Services
 P.O. Box 29134
 Shawnee Mission, KS 66201-9134



Notice Of Cancellation

Client ID No.	Client's Name	Birthdate	Issue Date
9900-00001	ISAAC SMILES	2/10/00	8/30/01
Telephone No.	Head of Household	Authorization Service Dates	
34-555-1234	CAROL SMILES	8/17/01 to 8/16/02	

A GREAT PROVIDER COMPANY
 JOHN DOE
 13914 HAPPY DRIVE
 SAINT LOUIS, MO 63132

For inquiries regarding
 service call:

PDA 866-711-2573

Authorization Section:

Procedure	Description	Frequency
X7100	Service Coordination-IFSP Development (none/none)	90 minutes 1/Per Auth
Authorization No.		
A990000001-22		

This authorization has been canceled. You are not authorized to provide any services related to this authorization. Any claims submitted under this authorization will be denied payment. If this action was to correct or update the original authorization, a replacement authorization may be in process. Please contact the service coordinator or the local First Steps System Point of Entry for additional information.



Client ID No.	Client's Name	Birthdate	Issue Date
9900-00001	MICHAEL PUBLIC	02/25/1999	11/03/2001
Telephone No.	Head of Household	Authorization Service Dates	
314-555-1234	JOHN Q. PUBLIC	11/18/2001 to 02/24/2002	

A GREAT PROVIDER COMPANY
JOHNNY PROVIDER
3100 WEST NICE PLACE
SAINT LOUIS, MO 63132

Service Coordinator
STEVE MORRISSEY
For inquiries regarding service call
PDA 888-711-2573
Payment will be made for
A GREAT PROVIDER COMPANY 12-3456789

Authorization Section: Subject to conditions on the IFSP, you are authorized to provide and bill for the services described below.

Procedure	Description	Frequency
X8500	Transportation-One Way Trip	6 trips/Week

Billing Section: Please use this section of the form to bill for the services provided. Bills must be received within 60 days of service delivery.

Authorization No.	Medicaid Provider ID	Medicaid PA		PCCM Referral	PCCM Code
A990000001-56					
Date of Service	Provider Visited (Each line represents a one way trip.)	Procedure Code	Mileage One Way	Other Expenses	Total Charges
Payee Tax ID No.	Patient Account No.	Total Charges			Net Charges
12-3456789					

Submit bills to:
Central Reimbursement Office
c/o PDA Software Services
P.O. Box 29134
Shawnee Mission, KS 66201-9134

Is this the final claim for this authorization? ☐ Yes ☐ No
Is this a resubmission of a claim? ☐ Yes ☐ No
I certify the above billed services were provided in
accordance with the child's Individualized Family Service Plan.

Provider's Signature

Date

Central Finance Office
c/o PDA Software Services
P.O. Box 29134
Shawnee Mission, KS 66201-9134



Assistive Technology
Authorization/Billing

Client ID No.	Client's Name	Birthdate	Issue Date
9900-00001	JOHNNY PUBLIC	02/16/2001	08/12/2002
Telephone No.	Head of Household	Authorization Service Dates	
314-555-1234	JOHN PUBLIC	08/01/2002 to 03/12/2003	

NICE PROVIDER COMPANY
NICE PROVIDER ASSISTIVE TECHNOLOGY
1170 GOOD ROAD
SAINT LOUIS, MO 63146

Service Coordinator
For inquiries regarding service call: (866) 711-2673
Payment will be made to: Nice Provider Company 12-3456789

Authorization No.		Medicaid Provider ID		Medicaid PA		PCCM Referral		PCCM Code	
A990000001-6									
Authorization Section						Billing Section			
HCPCS Code	Type	Description			QTY	Unit Price	Date	QTY	Billed Amount
L1940	Purchase	Afo molded to patient plasti			2	200.50			
Payee Tax ID No.		Patient Account No.		Total Charges		Less Insurance		Net Charges	
12-1550000									

Submit bills

Central Finance Office
c/o PDA Software Services
P.O. Box 29134
Shawnee Mission, KS

Is this the final claim for this authorization? ☐ Yes ☐ No
Is this a resubmission of a claim? ☐ Yes ☐ No

I certify the above billed services were provided in
accordance with the child's Individualized Family Service Plan.

Provider's Signature

Date

Central Finance Office
 c/o PDA Software Services
 P.O. Box 29134
 Shawnee Mission, KS 66201-9134



Notification of Authorized Services

THIS IS NOT A BILL

Client ID	Client's Name	Authorization Service	Issue Date
9900-00004	BOBBY CHILD	08/09/2002 to 02/12/2003	08/12/2002

SALLY CHILD
 123 SLIPPERY ROAD
 BALLWIN, MO 63021

For inquires regarding service call:

(866) 711-2573

Services to be provided by:

Sally Provider

314-555-1234
 123 Choctaw Blvd.
 SAINT LOUIS, MO 63103

Arrangements have been completed for the above client to receive the services described below.

Authorization No: A990000000 - 6 Service Coordination-Service Coordination (N/A)	15 minutes 1/Month
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THIS IS NOT A BILL

THE FACE OF THIS DOCUMENT HAS A PURPLE BACKGROUND - NOT A WHITE BACKGROUND

Central Finance Office
c/o PDA Software Services
P.O. Box 29134
Shawnee Mission, KS 66201-9134

GOLD BANK
LEAWOOD, KANSAS

32,731
1011

10000016



Identification #	Date	Check Number	
		10000016	PAY THIS AMOUNT

VOID UNLESS PRESENTED FOR PAYMENT WITHIN 6 MONTHS

Pay to
the
order
of
**A Nice Provider
P.O. Box 200
Anywhere, MO 60000**

Central Finance Office
c/o PDA Software Services
P.O. Box 29134
Shawnee Mission, KS 66201-9134



Explanation of Provider Payment

Payee: Nice Provider
P.O. Box 100
Anytown, MO 00000

Date: 9/6/2002
Check #: 112623
Statement Date: 7/10/2002
Amount: \$340.00

Provider ID: 123-45-6789 0000
Provider Name: Nice Provider
Program: Early Intervention

Service Category	Service Dates	Amount Billed	Amount Denied	See Note	Amount Disallowed	Paid Previously	Amount Paid
<div> <div> Patient: KEELIE Smith Account: </div> <div> SSN: 123-45-6789 Parent/Guardian: CRYSTAL Smith-Parent </div> <div> Claim: 020708-30-1106 ID: 9604-00747 </div> </div>							
Occupational Therapy	6/27/2002	40.00	0.00		0.00	0.00	40.00
Occupational Therapy	7/2/2002	40.00	0.00		0.00	0.00	40.00
Sub-Totals		\$80.00	\$0.00		\$0.00	\$0.00	
Paid to Provider:							\$80.00
<div> <div> Patient: GIANLUCA Smith Account: </div> <div> SSN: 123-45-6789 Parent/Guardian: TONY Smith-Parent </div> <div> Claim: 020708-30-1107 ID: 9603-01198 </div> </div>							
Occupational Therapy	7/2/2002	80.00	0.00		0.00	0.00	80.00
Sub-Totals		\$80.00	\$0.00		\$0.00	\$0.00	
Paid to Provider:							\$80.00
<div> <div> Patient: GIANLUCA Smith Account: </div> <div> SSN: 123-45-6789 Parent/Guardian: TONY Smith-Parent </div> <div> Claim: 020708-30-1108 ID: 9603-01198 </div> </div>							
Occupational Therapy	6/15/2002	180.00	0.00		0.00	0.00	180.00
Sub-Totals		\$180.00	\$0.00		\$0.00	\$0.00	
Paid to Provider:							\$180.00
Provider Totals		\$340.00	\$0.00		\$0.00	\$0.00	
Total Paid to Provider							\$340.00

Central Finance Office
c/o PDA Software Services
P.O. Box 29134
Shawnee Mission, KS 66201-0134



Explanation of Provider Payment

Payee: Nice Provider
P.O. Box 100
Anytown, MO 00000

Date: 9/6/2002
Check #: 112623
Statement Date: 7/10/2002
Amount: \$340.00

Grand Totals:	
Previous Balance:	\$0.00
Provider Claims:	\$340.00
Payee Transactions:	\$0.00
Check Amount:	\$340.00
Check #:	112623

Central Finance Office
c/o PDA Software Services
P.O. Box 29134
Shawnee Mission, KS 66201-9134



Explanation of Benefits

Client ID No.	Client's Name	Dates
1100-00009	ALYSSA SIMPSON	05/24/2002 To 05/31/2002

This is NOT a bill.

DEBBIE SIMPSON
74209 MAPLE SYSTEMS ROAD
SPRINGFIELD, MA 01101

For inquiries regarding information
please call:
(866) 711-2573

Claim No. Provider Name Service Category	Service Dates	Statement Date	Amount Billed	Amount Denied	Amount Disallowed	Amount Paid
Claim: 020523-53-227 Provider: Lisa Seuss						
Speech Language Pathology	5/7/2002		65.00	0.00	0.00	65.00
Speech Language Pathology	5/8/2002		52.00	0.00	0.00	52.00
Speech Language Pathology	5/9/2002		65.00	0.00	0.00	65.00
		05/24/2002	<u>\$182.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$182.00</u>
Claim: 020523-53-69 Provider: Monique Frankenstein						
Physical Therapy	5/3/2002		52.00	0.00	0.00	52.00
Physical Therapy	5/10/2002		52.00	0.00	0.00	52.00
		05/24/2002	<u>\$104.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$104.00</u>
Claim: 020528-53-46 Provider: Lisa Seuss						
Speech Language Pathology	5/14/2002		52.00	0.00	0.00	52.00
Speech Language Pathology	5/17/2002		52.00	0.00	0.00	52.00
		05/31/2002	<u>\$104.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$104.00</u>
Claim: 020528-53-60 Provider: Melissa Seuss						
Occupational Therapy	5/15/2002		52.00	0.00	0.00	52.00
Occupational Therapy	5/1/2002		52.00	0.00	0.00	52.00
Occupational Therapy	5/8/2002		52.00	0.00	0.00	52.00
		05/31/2002	<u>\$156.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$156.00</u>
Claim: 020528-53-67 Provider: Monique Frankenstein						
Physical Therapy	5/13/2002		52.00	0.00	0.00	52.00
Physical Therapy	5/17/2002		52.00	0.00	0.00	52.00
		05/31/2002	<u>\$104.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$104.00</u>
Benefit Totals:			<u>\$650.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$650.00</u>